

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Lead Exposure Study

Participant Consent

PROJECT DESCRIPTION: The Illinois Department of Public Health (IDPH) with assistance from the Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Public Health Service, is conducting a study to determine exposure to lead and cadmium, among selected residents of Madison County. IDPH, in conjunction with the Institute for Evaluating Health Risks (IEHR) and St. Elizabeth's Medical Center, is conducting surveys, interviews, laboratory tests of blood and urine, and environmental sampling of selected residents of Madison County, Illinois to determine the body levels of lead and cadmium. My (my child's/ward's) participation in this study is important to determine the degree of my (my child's/wards's) exposure to lead and cadmium.

PROJECT SPECIFICS: My (my child's/ward's) part in this study will include:

- 1) A questionnaire interview - This involves answering questions about habits and activities in and around my house as well as jobs and hobbies of adults in my home. This interview will take about one-half hour.
- 2) A blood test for lead and cadmium and clinical laboratory tests - A 15 milliliter (3 teaspoons) sample of blood will be collected with a needle from a vein in my arm. For children, a 7-10 milliliter sample (about 1½-2 teaspoons), will be collected in the same way. This blood will be tested for lead and cadmium and submitted for other routine laboratory tests. This sampling will take about one-half hour.
- 3) A urine test for cadmium and a urine analysis - This sample will be collected in a cup, in the privacy of an enclosed area. Instructions will be given to help me (my child/ward) use the cup to collect urine. Parents will be asked to help small children. This sample will be given to the staff for labeling and sealing. This sample will be analyzed for cadmium and submitted for other routine laboratory tests. This sampling will take place at the same time as the blood sampling.
- 4) Environmental samples - At a later date, I will allow some environmental sampling in and around my home. This includes samples of drinking water, house dust, yard soil, and nondestructive analysis of interior and exterior paint. This will require IDPH representatives or their agents to enter my house to collect samples or conduct paint analysis. This sample collection may take an hour or more to complete.

PARTICIPATION: I understand that my household's active participation will take approximately one hour. There will be no physical examination. There is no provision for payment of medical care in the event of physical injury as the result of my (my child's/ward's) participation. Immediate medical care is available at usual and customary fees at St. Elizabeth's Medical center in Granite City or other local emergency care providers. I understand that if I (my child/ward) refuse(s) to participate in this study, this refusal will have no impact on any future relationship with the Illinois Department of Public Health.

COMPLICATIONS: I understand that drawing the blood sample from my (my child's/ward's) arm might cause slight discomfort. The place where the needle enters the skin may be tender for a short period of time and may develop a bruise. The risk of more serious complications associated with blood drawing is very slight.

RESULTS: As a result of my (my child's/ward's) participation in this study, the IDPH will send me a letter with my (my child's/ward's) test results, at no charge. I understand that some test results cannot be interpreted in children. No laboratory analysis will be done for drugs, or AIDS testing. If the results of medical tests indicate a possible problem, I will

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be notified as soon as possible. Otherwise, IDPH or its representatives will notify me of the results as soon as the analysis are completed. If a follow-up medical evaluation is indicated, recommendations will be given to seek further medical evaluation. Test results may be made available to family physicians, following receipt of a written request.

CONFIDENTIALITY: I understand that the Illinois Department of Public Health and its representatives will take every reasonable precaution to keep my (my child's/ward's) records confidential. Any information shared with ATSDR will be kept in accordance with the Federal Privacy Act of 1974 and will not include any information that identifies me (my child/ward) personally. Any reports of this study will not identify specific individuals and will only give group information. Any information which identifies me (my child/ward) will remain under lock and key or will be disclosed only with my permission.

PARTICIPATION CONSENT: Persons age eighteen and over are eligible to participate as adults. For persons under the age of eighteen we will require both the informed consent of the minor child as well as concurrent consent of parent or legal guardian.

I have read and/or understand the reason for the study. All of my questions have been satisfactorily answered. I voluntarily request that I (my child/ward) Name: _____ be included in this study. I also hereby consent that he/she be interviewed without others present, if my child/ward is at least 12 years old and wishes to be interviewed without the presence of myself or other people. I (my child/ward) may decline to participate in this study or withdraw from it at any time without penalty.

Participant/Guardian Name: _____
Print

Participant/Guardian: _____
Signature

Date Witness

For a participant who is a minor, under 18 year:

I agree with the consent given by my parent/guardian.

Initial or signature of minor: _____

Date: _____

If you have any questions regarding this study, please contact:

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